

Mr. Tait adds: "The above scheme gives a complete consistent story of the pathology of ectopic gestation, so far as I know it, and it certainly removes an enormous amount of the confusion which has hitherto existed concerning it, and many of the difficulties encountered in the treatment.—*Lancet*, Sept. 1 1888.

H. H. TAYLOR (London).

## BONES, JOINTS, ORTHOPÆDIC.

**I. A Contribution to the Treatment of Traumatic Separation of the Epiphysis of the Upper End of the Humerus, etc.** By PROF. HELFERICH (Griefswald). The rare cases of traumatic separation of this epiphysis have sometimes been confounded with luxation of the head of the humerus. Pathological collections furnish numerous examples in which union of the epiphysis and diaphysis have occurred, in this class of cases. He communicates the following case: A lad of 16, while wrestling, fell violently and struck upon the left shoulder. The head of the humerus was found in its normal position under the acromion, while the rounded upper end of the shaft was displaced forward and inward, under the coracoid process, from which position it could be slipped up and down, and when strong downward traction was made, soft crepitus was developed. An apparent shortening of the arm of  $1\frac{1}{2}$  cm. was observed. An attempt at reposition proved unsuccessful, owing to the interposition of soft parts between the fragments, and an incision into the joint was practiced. The upper end of the humerus had penetrated into the axilla through a button-hole slit in the capsule, which latter it was found needful to enlarge before reduction could be accomplished. The fragments were then fastened together with a long awl-shaped steel pin, which projected beyond the surface at the line of sutures. This was removed at the first change of the dressings, at the end of eight days. The shoulder-joint regained its function in a short time.

The literature of the subject reveals only one similar case, that reported by Lange, of New York (*ANNALS OF SURGERY*, March, 1883). Esmarch communicated, however, at an earlier date, an operative procedure for compound dislocation of the humerus at the shoulder-joint

and Burns reported two cases in which operation was finally resorted to in old separation at the epiphysial line, complicated with dislocation. The cases of Lange and Helferich, however, are unique in that operative measures were resorted to as an immediate method of treatment.—*München. Med. Woch.*, No. 40, 1887.

G. R. FOWLER (Brooklyn).

**II. Double Luxation of the Clavicle.** By DR. C. KAUFMANN. The great rarity of luxation of both ends of the clavicle at the same time is shown by a study of the literature where we find only eight cases. In three cases (Porral, Morel-Lavallee, Lund) the right clavicle and again as often (North Col and the Author) the left clavicle was dislocated. In two cases (Hutchinson and Gross) we have no data given. In seven cases the injury occurred in men. In all a severe traumatism caused the accident—a severe force acting from behind and externally on the one shoulder while the other shoulder was fixed by a firm resistance. The force caused a pressing together of both shoulders with a torsion of the body around the fixed shoulder in a direction from behind forward. The above applies to four of the eight cases. In three cases a fall on the shoulder is the causal factor. A peculiar tenacity of the tissue of the particular clavicle dislocated is thought by Porral to favor this accident rather than fracture. The aspect of the patient is characteristic after this dislocation and palpation fixes the diagnosis. The functional result was good in all cases after recovery. In one case at least it was possible to replace and retain the bone in position until complete cure resulted. The remaining cases recovered after the manner of non-reduced clavicular dislocations. The double dislocation of the clavicle is more common than the same dislocation of any other bone in the skeleton if we can conclude from cases in the literature. Only isolated cases of double dislocation of other bones are recorded.—*Zeitsch. f. Chir.*, bd. 28, heft 24 and 5.

HENRY KOPLIK (New York)

**III. Compound Fracture of the Patella Treated by Suture.** By W. F. HASLAM (Birmingham). The patient, a man æt. 30, fell through a skylight on to his left knee, a distance of eighteen